Residential Dumpster Parking Application and Permit

For City Use Only:

Date Received: _____



Department of Public Works 200 Ashford Center North, Suite 150 Dunwoody, GA 30338 Phone: 404-637-0540

Email: streets@brookhavenga.gov

	_				
	Address of Proposed Dumpster:				
ty r	Owner's Name:				
Property Owner	Address:				
P O	Phone:	Email:			
	Company Name:				
oster Dany	Address:				
Dumpster Company	Phone:		Fax:		
	Email:				
	Dumpster Parking Period *Please note: dumpster parking is limited to 30 days.				
nformation			Removal Date:		
	Dimensions				
Ξ	Height:	Width:	Length:		
ster Inf			Length: e movement of vehicular traffic?		
umpster Inf		roadway left available for fre	, ,		
Dumpster Information	Ten (10) feet of width of r	roadway left available for fre	, ,		
Dumpster In	Ten (10) feet of width of r	roadway left available for fre	, ,	(yes / no)	
	Ten (10) feet of width of r Reason for Proposed Dum Dumpster must have refle I understand that the City and remove the dumpster	roadway left available for free inpster: ectors to alert traffic to its loop of Brookhaven's Ordinance rewithin 30 days, consistent w	e movement of vehicular traffic?	(yes / no) placed around it. ne width of the roadway loadways Ordinance. I	
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Permit #: _____

Approving Signature: _____